

Court of Common Pleas of Philadelphia County
Orphans' Court Division

Cover Sheet

FOR COURT USE ONLY	
ASSIGNED TO JUDGE	
CONTROL NO.	
<i>Responding parties must include this number on all filings.</i>	

NAME OF ESTATE	ORPHANS' COURT NUMBER
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TYPE OF ESTATE

Decedent's Estate
 Trust Inter Vivos
 Testamentary Trust
 Incapacitated Person
 Minor
 Principal (power of attorney)
 Non-Profit Corporation
 Special Needs Trust
 Other (specify) _____

FILING PARTY'S RELATIONSHIP TO ESTATE

PLEADING OR DOCUMENT FILED

NAME OF FILING PARTY (NOT COUNSEL FOR THE PARTY)	ADDRESS
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ATTORNEYS MUST CHECK ONE BOX

TO THE CLERK OF ORPHANS' COURT:

Kindly enter my appearance on behalf of _____
 I have entered my appearance on behalf of _____

NAME OF FILING ATTORNEY OR PARTY	ADDRESS
PHONE NUMBER	FAX NUMBER

SUPREME COURT IDENTIFICATION NO.	E-MAIL ADDRESS
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SIGNATURE OF FILING ATTORNEY OR PARTY	DATE
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OTHER PARTIES (Name, address, and telephone number of unrepresented parties or all counsel already of record. If needed, use separate sheet.)

Is notice required? <input type="checkbox"/> No <input type="checkbox"/> Yes. Copy of notice attached to pleading. Date of Notice: _____ <input type="checkbox"/> Yes. All joinders are attached.	If Citation is requested: 1. Was Citation against Respondent previously issued? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. If yes, date of service: _____	Has another petition been decided in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No Is another petition pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the Judge: _____
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FOR COURT USE ONLY - FIRST FILINGS ONLY (If Applicable)

DATE OF BIRTH	DATE OF DEATH	REGISTER OF WILLS NUMBER	DATE OF DEED OF TRUST
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The Filing Party shall complete the information at the bottom of the Cover Sheet filed with the Clerk, and not the service copies. The information will only be used by the Clerk. The Clerk shall not release this information to the general public.